

APPENDIX B3

(5)

FEB 11 2015

PART B - RESPONSE

CONDON, JOHN INMATE	148840 NUMBER	15-6-01245 GRIEVANCE LOG NUMBER	SUWANNEE C.I CURRENT INMATE LOCATION	E12061 HOUSING LOCATION
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Your administrative appeal has been received, evaluated and referred to Bureau of Classification Management, who provided the following information: Inmates are referred and/or reviewed for CM based on their behavior which meets the criteria specified in Chapter 33-601.800. On November 14, 2014, the classification officer prepared a referral for close management. In this report the classification officer recommended close management 2 due to information received from Maine which reads that you were considered a management problem due to assaultive behavior towards staff and other inmates. The documentation also reads that you were in segregated status due to threats made to staff and another inmate. On November 26, 2014, the ICT reviewed the report prepared by the classification officer and agreed with the recommendation for close management 2 based on your being in segregated status in Maine due to your behavior toward both staff and inmates. You were considered a management problem in Maine. This recommendation is in accord with Chapter 33-601.800 (3) (g) which reads in part, "The ICT shall evaluate the recommendations for close management placement and the mental health assessment, interview the inmate, and consider the information provided by the inmate.... After the interview and review of all pertinent information including the mental health assessment, the ICT will make a recommendation to the state classification officer. The ICT will inform the inmate of the basis for its decision and provide a copy of the team's decision to the inmate after the conclusion of the hearing." On December 1, 2014, the state classification officer approved the recommendation for CM 2. Your hearing was conducted in accordance with Chapter 33-601.800 and proper procedure was followed. Be advised that your status will be routinely reviewed in accordance with all governing rules and procedures.

Based on the foregoing, your appeal is DENIED.

T. Bowden

SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

DATE

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